



ecology and environment, inc.

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International Specialists in the Environmental Sciences

DATE: November 26, 1980
TO: File
FROM: Kathleen Getty *KG*
SUBJECT: Ohio/TDD# F5-8010-13, Site Number 48
Alliance, Ohio, Stark County/D-Con

On November 19th, an on-site inspection was performed at the D-Con site pursuant to TDD# F5-8010-13 by Robert Bartholomew, Thomas Lentzen and myself. Accompanying us were Bruce Blankenship and Sam Gibson of the OEPA for Stark County. Harmon Patten, Plant Manager, requested the site visit and was interviewed during the inspection. Douglas Schoen, Director of Engineering for Lehn and Fink (a parent company), provided additional comments.

A plant tour was conducted and no operational difficulties were discovered. However, the management is concerned about the disposal of their substandard product which contains or is coated with very small amounts of Warfarin. Since their most concentrated product is only .03% Warfarin, they feel they should be exempt from the RCRA requirements for disposal of hazardous waste. Prior to the enforcement of RCRA their waste was sent to Carnation Landfill. They are now storing their contaminated waste in a dumpster until a proper disposal method and site is selected. Also, the management is, at present, contesting the inclusion of their trade name, "D-Con", on the hazardous wastes list in section 261.33, subpart A because many of their products marketed under that name do not contain hazardous materials.

Aside from the solid Warfarin waste, D-Con generates about 1 gallon of Toluene per day. The Toluene used to be rinsed down the drain but now will be incinerated with their fuel oil.

D-Con is considering installing an incinerator at some future date if they find that to be a cost effective method of disposal. This alternative is dependent upon approval by OEPA.

This site is low in priority but when possible a RCRA inspection is recommended for D-Con to help clarify their situation with respect to the RCRA regulations.

Attached are the completed Site Inspection Report and RCRA question checklist sheet.

KG/df

US EPA RECORDS CENTER REGION 5



424792

<div style="display: flex; justify-content: space-between;"> PO TIAL HAZARDOUS WASTE SITE </div> <div style="text-align: center;">SITE INSPECTION REPORT</div>		REGION V	SITE NUMBER (to be assigned by Hq)
GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.			
I. SITE IDENTIFICATION			
A. SITE NAME D-CON		B. STREET (or other identifier) 12155 FISHER AVE. N.E.	
C. CITY ALLIANCE	D. STATE OHIO	E. ZIP CODE 44601	F. COUNTY NAME STARK
G. SITE OPERATOR INFORMATION			
1. NAME Harmon Patten		2. TELEPHONE NUMBER (216) 821-0622	
3. STREET 12155 Fisher Ave. N.E.	4. CITY Alliance	5. STATE OHIO	6. ZIP CODE 44601
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME STERLING DRUG AND LEHN & FINK		2. TELEPHONE NUMBER	
3. CITY STERLING: 90 PARK AVE, NEW YORK, NEW YORK LEHN & FINK: Montville, N.J.		4. STATE	
I. SITE DESCRIPTION Manufacturing plant.			
J. TYPE OF OWNERSHIP			
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			
II. TENTATIVE DISPOSITION (complete this section last)			
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)		B. APPARENT SERIOUSNESS OF PROBLEM	
		<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE	
C. PREPARER INFORMATION			
1. NAME KATHLEEN J. GETTY FIT		2. TELEPHONE NUMBER 312/663-9415	3. DATE (mo., day, & yr.) 11-19-80
III. INSPECTION INFORMATION			
A. PRINCIPAL INSPECTOR INFORMATION			
1. NAME Robert Bartholomew		2. TITLE Biologist	
3. ORGANIZATION FIT		4. TELEPHONE NO. (area code & no.) (312) 663-9415	
B. INSPECTION PARTICIPANTS			
1. NAME	2. ORGANIZATION		3. TELEPHONE NO.
Kathleen Getty	Ecology & Environment, Inc		(312) 663-9415
Tom Lentzen			
BRUCE BLANKENSHIP	OEPA		
Sam Gibson	OEPA		
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)			
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS	
HARMON PATTEN	PLANT MANAGER (216) 821-0622	12155 Fisher Ave. N.E. Alliance, OH	

INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
D-Con		12155 Fisher Ave N.E. Alliance, OH	Warfarin coated packages Substandard product

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
		N/A	

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
		N/A

G. DATE OF INSPECTION (mo., day, & yr.) 11-19-80 H. TIME OF INSPECTION 1:00 pm EST I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

Partly cloudy, T: 40's

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		No samples taken	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	No measurements taken	

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

No Photos

D. SITE MAPPED?

☐ YES. SPECIFY LOCATION OF MAPS:

No Map

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☒ 2. YES (specify generator's four-digit SIC Code): Unknown

C. AREA OF SITE (in acres)

~ 1 acre

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify): PLANT BUILDING CONTAINING OFFICES.

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	<input checked="" type="checkbox"/> 6. OTHER (specify): Warfarin coated packaging and substandard product. Stored in dumpster. Proper container not yet determined	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

- ☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

General records kept.

WASTE RELATED INFORMATION (continue)

2. Estimate the amount (specify unit of measure) of waste by category, mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT 1 gal / day	AMOUNT	AMOUNT 30 yd ³ / wk	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER(specify):	<input checked="" type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER(specify):	(3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLT-ING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	<input checked="" type="checkbox"/> (6) OTHER(specify): Warfarin coated packaging and sub-standard Product.	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Warfarin	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					30 yd ³ / wk	
Toluene		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				1 gal / day	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

N/A

☐ C. WORKER INJURY/EXPOSURE

N/A

☐ D. CONTAMINATION OF WATER SUPPLY

N/A

☐ E. CONTAMINATION OF FOOD CHAIN

N/A

☐ F. CONTAMINATION OF GROUND WATER

N/A

☐ G. CONTAMINATION OF SURFACE WATER

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

N/A

☐ I. FISH KILL

N/A

☐ J. CONTAMINATION OF AIR

N/A

☐ K. NOTICEABLE ODORS

N/A

☐ L. CONTAMINATION OF SOIL

N/A

☐ M. PROPERTY DAMAGE

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

N/A

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

N/A

☐ P. SEWER, STORM DRAIN PROBLEMS

N/A

☐ Q. EROSION PROBLEMS

N/A

☐ R. INADEQUATE SECURITY

N/A

☐ S. INCOMPATIBLE WASTES

N/A

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

N/A

☒ U. OTHER (specify):

Until Nov. 19th, D-Con sent their substandard product and their contaminated packaging to Carnation Land fill. They also disposed of their 1gal/day toluene by rinsing it down the drain. Now, it will be incinerated with fuel oil.

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	140	0	35	1/2 mile
2. IN COMMERCIAL OR INDUSTRIAL AREAS	unknown	30	8	~1 mile
3. IN PUBLICLY TRAVELLED AREAS	unknown	unknown	unknown	21 mile
4. PUBLIC USE AREAS (parks, schools, etc.)	0	0	0	0

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)		B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
NOT RESEARCHED FOR SWEEP			
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)	F. DIRECTION TO DRINKING WATER SUPPLY	
G. TYPE OF DRINKING WATER SUPPLY			
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS* <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>ALLIANCE</u> > 15 CONNECTIONS			
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL			

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
		NOT RESEARCHED FOR SWEEP		

I. RECEIVING WATER

1. NAME

☒ 2. SEWERS☐ 3. STREAMS/RIVERS☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

PLANT USES CITY (ALLIANCE) WATER & SEWER

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

NOT RESEARCHED FOR SWEEP

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. COVERED BURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
	1. SAND		NOT RESEARCHED FOR SWEEP		
	2. CLAY				
	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☐ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS:

NOT RESEARCHED FOR SWEEP

H. DISCHARGE AREA

☐ 1. YES☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
RCRA		OH D004460457			X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

D Con

11-19-80

Harmon Patton
Douglas R. Schren

CHECKLIST

1. Does your facility handle hazardous wastes (as defined by RCRA)?

Yes

2. If yes, what types of hazardous waste handling do you do; i.e. treatment, storage, or disposal?

May be a ~~storage~~ now, but not applied as
generator.

3. If yes to above, did you notify U.S. EPA of your waste handling activities (notification process)?

Yes.

4. If yes, have you received your EPA Identification Number? What is your I.D. number?

Yes. OH D004460457

5. If yes to above, have you submitted a Part A RCRA Permit Application to U.S. EPA?

Yes